

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
	CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	/		/					
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13	7		7					
14	7		7					
15	7		7					
16	7		7					
17	7		7					
18	7		7					
19	7		7					
20	1		1					
21	7		7					
22	7		7					
23	7		7					
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
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41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS			80	83				

CLAIMS					
51	IND	DEP	52	IND	DEP
53			54		
55			56		
57			58		
59			60		
61			62		
63			64		
65			66		
67			68		
69			70		
71			72		
73			74		
75			76		
77			78		
79			80		
81			82		
83			84		
85			86		
87			88		
89			90		
91			92		
93			94		
94			95		
95			96		
96			97		
97			98		
98			99		
99			100		
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					